

If your child is severely injured or has a medical emergency that warrants immediate medical care, emergency services will be called. Parents/guardians will be contacted to inform them of the child's symptoms and that emergency personnel have been contacted. If parents/guardians are unable to be reached, the emergency contact listed below will be contacted.

Your child will be accompanied by _____ or _____
(staff member of CCCC) (staff member of CCCC)

via ambulance and they will meet you at the hospital. They will carry this Emergency Authorization for Care Form and any additional medical information listed on your child's file. An accident/incident form will be completed and placed on the child's file and shared with parents.

Name of Child: _____

- I authorize the personnel at Cozy Corner Childcare Centre to take whatever emergency measures they deem necessary for the protection of my child while in their care;
- This may involve contacting a doctor, 911, carrying out any professional instructions, and transporting my child to a hospital including the use of an ambulance;
- I understand that means actions may be taken before contacting me, and that any expense incurred for such treatment, including ambulance fees, is my responsibility.

Parent's Signature 1: _____ Date: _____

Parent's Signature 2: _____ Date: _____

Person In Charge Signature: KL Burch **digital signature for year 2025/26**

CHILD'S NAME:

DATE OF BIRTH:	
ADDRESS:	
MEDICAL CONDITIONS:	
PARENT/GUARDIAN 1:	
TELEPHONES:	(W) (C) (H)
PARENT/GUARDIAN 2:	
TELEPHONES:	(W) (C) (H)

EMERGENCY CONTACT INFORMATION

NAME:			
TELEPHONES:	(W)	(C)	(H)
RELATIONSHIP TO CHILD:			
NAME:			
TELEPHONES:	(W)	(C)	(H)
RELATIONSHIP TO CHILD:			

MEDICAL PROVIDER INFORMATION

PHYSICIAN NAME:

TELEPHONE:

(W)

ADDRESS:

DENTISTS:

TELEPHONE:

(W)

ADDRESS: